

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Montana

A. The following charges are imposed on the categorically needy for services other than those provided under section 1905(a)(1) through (5) and (7) of the Act:

Service	Type of Charge		Amount and Basis for Determination
	Deduct.	Copay.	
Licensed Clinical Social Workers		X	\$1.00 per hour (\$.25 per 15 minute unit)* * The co-payment is based on the average payment per hour of service for Licensed Clinical Social Workers during the state fiscal year 1993. The average payment is \$32.00.

TN # 94-08

Supersedes

TN# ~~86(10)~~-02 86(10)-07

Approval 03/03/95

Effective 4/1/94

HGFAID: 0053C/0061E

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State: Montana

A. The following charges are imposed on the categorically needy for services other than those provided under section 1905(a)(1) through (5) and (7) of the Act:

Service	Type of Charge			Amount and Basis for Determination
	Deduct.	Coins.	Copay.	
Licensed Professional Counselor Services			X	\$1.00 per hour (\$.25 per 15 minute unit)* * The co-payment is based on the average payment per hour of service for Licensed Professional Counselor Services during the state fiscal year 1993. The average payment is \$32.20.

TN # 94-08.

Supersedes

TN# 86-10-02- New.

Approval 03/03/95

Effective 4/1/94

HGFAID: 0053C/0061E

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Service	Type of Charge			Amount and Basis for Determination
	Deduct.	Coins.	Copay.	
Home Health Services:				
(a) Intermediate or part-time nursing service:			X	(a) \$2.00 per visit*
(b) Home Health Aide Service;			X	(b) \$2.00 per visit*
(c) Medical supplies, equipment and appliances suitable for use in the home; and			X	(c) \$.50 per line item*
(d) Physical therapy, occupational therapy, speech pathology and audiology services.			X	(d) \$2.00 per visit*
				* The co-payments are based on the average cost per service for part-time nursing services, home health aide services and physical therapy, occupational therapy, Speech Pathology & audiology services during calendar year 1992 and medical supplies, equipment and appliances suitable for use in the home during the state fiscal year 1993. The per service of each type of Home Health Services is: a. \$66.73 b. \$34.34 c. \$5.25 d. \$60.76

TN # 94-08'

Supersedes

TN# 86(10)-02 89(10)-12

Approval 03/03/95

Effective 4/1/94

HGFAID: 0053C/0061E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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A. The following charges are imposed on the categorically needy for services other than those provided under section 1905(a)(1) through (5) and (7) of the Act:

Service	Type of Charge			Amount and Basis for Determination
	Deduct.	Coins.	Copay.	
Private Duty Nursing Services				Will not implement co-payment for this service.

TN # 94-08.
Supersedes
TN# 86(10)-02.

Approval 03/03/95

Effective 4/1/94.
HGFAID: 0053C/0061E

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Service	Type of Charge			Amount and Basis for Determination
	Deduct.	Coins.	Copay.	
Clinic Services			X	\$1.00 per day billed for each claim line*
a) Mental Health Centers				* The co-payment is based on the cost per unit of service for Clinic Services: a) <u>Mental Health Centers</u> : The lowest cost per unit of service is Adult Day Treatment at \$20.32 to \$31.36 per 4 hour unit.
b) Outpatient surgical Center				b) <u>Ambulatory Surgical Center Services</u> : \$237.00 to \$345.00 per surgical center procedure codes.
c) Public Health Departments				c) <u>Public Health Department</u> : Services are limited to physician services and mid-level practitioner services. The average payment per unit of service for state fiscal year 1993 is \$32.00

TN # 94-08*
Supersedes
TN# 86(10)-02.

Approval 03/03/95

Effective 4/1/94
HGFAID: 0053C/0061E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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- C. The following charges are imposed on the Categorically Needy for services other than those provided under section 1905(a)(1) through (5) and (7) of the Act:

Service	Type of Charge		Amount and Basis for Determination
	Deduc.	Coins. Copay.	
Dentists' Services		X	\$2.00 per service*
			* The co-payment is based on the average payment per unit of service for Dental Services during the state fiscal year 1996. The average payment is \$30.28.

TN #97-015
Supersedes
TN #94-08

Approval 12/01/97

Effective 7/1/97

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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- A. The following charges are imposed on the Categorically Needy for services other than those provided under section 1905(a)(1) through (5) and (7) of the Act:

Service	Type of Charge			Amount and Basis for Determination
	Deduc.	Coins.	Copay.	
Physical therapy, Occupational therapy and services for individual with speech, hearing and language disorders (provided by or under the supervision of a speech pathologist or audiologist)				
a) Physical Therapy, Occupational therapy, Speech Therapy			X	a) .50 per unit of service*
b) Audiology			X	b) \$1.00 per unit**
c) Hearing Aids			X	c) \$1.00 per unit**
				<p>* The co-payment is based on the average payment per unit of service for state fiscal year 1996. The average payment is: a) physical therapy \$47.40 per hour, occupational therapy \$37.84 per hour, speech therapy \$35.28 per hour.</p> <p>**The co-payment is based on the average payment per unit of service for state fiscal year 1993. The average payment is: b) audiology \$19.80 per unit, c) hearing aids \$11.70 per unit.</p>

TN #97-015

Approval 12/01/97

Effective 7/1/97

Supersedes TN #94-08

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Service	Type of Charge			Amount and Basis for Determination
	Deduct.	Coins.	Copay.	
Outpatient Drugs			X	<p>\$1.00 per prescription for generic drugs*</p> <p>\$2.00 per prescription for name brand drugs*</p> <p>* The co-payment is based on the average payment per generic & brand name prescribed drug during the state fiscal year 1993. The average payment per generic prescription is \$21.90. The average payment per name brand prescription is \$31.83.</p>

TN # 94-08'

Supersedes

TN# ~~86(10)-02~~ 87(10)-12'

Approval 03/03/95

Effective 4/1/94'

HGFAID: 0053C/0061E

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Service	Type of Charge		Amount and Basis for Determination
	Deduct.	Copay.	
Dentures		X	\$1.00 per unit*
			* The co-payment is based on the average payment per unit of service for Dental Services during the state fiscal year 1993. The average payment is \$25.80.

TN # 94-08 .

Supersedes

TN# 86(10)-02- 89(10)-12.

Approval

03/03/95

Effective 4/1/94 .

HGFAID:

0053C/0061E

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Service	Type of Charge			Amount and Basis for Determination
	Deduct.	Coins.	Copay.	
Prosthetic Devices			X	\$.50 per line item*
				* The co-payment is based on the average payment per service for Durable Medical Equipment during the state fiscal year 1993. The average payment per service is \$3.30.

TN # 94-08.

Supersedes

TN# ~~86(10)-02~~ 89(10)-12

Approval 03/03/95

Effective 4/1/94

HGFAID: 0053C/0061E